



Date Filed:

1. The employer of the employees in the established unit is an employer within the meaning of the:

___ Educational Employment Relations Act (EERA) (Govt Code sections 3540-3549.3).

___ Higher Education Employer-Employee Relations Act (HEERA) (Govt Code sections 3560-3599).

___ Ralph C. Dills Act (Dills Act) (Govt Code sections 3512-3524).

3. <u>EXCLUSIVE REPRESENTATIVE</u> (Name, address and telephone number)	Agent to be contacted:
_____	_____
_____	Title: _____
_____	Address and telephone, if different:
_____	_____
_____	_____
() Ext. _____	() Ext. _____

<p>5. <u>PETITION FILED BY:</u> (Check one only.)</p> <p><input type="checkbox"/> Both (or all) Parties</p> <p><input type="checkbox"/> Exclusive Representative</p> <p><input type="checkbox"/> Employer</p>	<p>6. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT:</p> <p>_____</p>	<p>7. NUMBER OF EMPLOYEES INVOLVED IN THE MODIFICATION REQUEST:</p> <p>_____</p>
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San Francisco Regional Office
177 Post Street, Suite 900
San Francisco, CA 94108-4737
(415) 439-6940

9. DATE EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED OR CERTIFIED: _____

10. IF A CURRENT WRITTEN AGREEMENT/MEMORANDUM OF UNDERSTANDING EXISTS COVERING THE ESTABLISHED UNIT(S), INDICATE:

AGREEMENT/MOU EFFECTIVE DATE: _____ EXPIRATION DATE: _____

AGREEMENT/MOU EFFECTIVE DATE: _____ EXPIRATION DATE: _____

11. <u>DESCRIPTION OF THE UNIT MODIFICATION REQUESTED:</u>
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12. STATEMENT OF REASONS FOR THE REQUEST TO MODIFY THE UNIT(S):

13. ANY OTHER ORGANIZATION(S) KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY EMPLOYEES COVERED BY THIS PETITION:

Name of Organization:	Address:
<hr/>	<hr/>
Telephone: ()	<hr/>

Name of Organization:

Address:

Telephone: ()

DECLARATION	
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I declare that the statements herein are true to the best of my knowledge and belief.

NAME OF PETITIONING PARTY: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____

NAME OF PETITIONING PARTY: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____

NAME OF PETITIONING PARTY: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____